Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	3-9-14	Address:	22000 BLOCK
Incident #:	14ISPC001942		DAISY HILL RD.
County:	CLARK		BORDEN, IN
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
☐ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel☑ Open – No Structure☐ Other:
(check all that	l: Location (bedroom, kitchen, open air, of apply) or Birch Reaction(s): OPEN AIR	etc)	
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s):			
☐ Flammable Solvents: OPEN AIR			
Water Reactive Metal (Lithium): OPEN AIR			
Anhydrous Ammonia:			
Corrosive Acid:			
Corrosive Base: AIR			
Other (ite	m and location):		
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
☐ Yes ☑ No	age 18 discovered (check appropriate) (number present) not present but evidence they reside	unclean Estimated ler occurring:	tions of home: clean disarray
This report l	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:
Health Depar	nent City, Township or County <u>BORD</u> truttment County: <u>CLARK</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: 812-2	
	ormation regarding this methamphetan Officer: JACKIE SMITH Phon	nine laboratory, cont e <u>812-246-5424</u>	act

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.